

Fetal exsanguination: Could it be prevented?

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ABSTRACT

Introduction: Vasa praevia is rare – incidence of 1 in 2,500 pregnancy where the fetal vessels run unprotected through the free placental membranes. Undiagnosed antenatally, neonatal survival rate is poor – less than 40% as the free fetal vessels can rupture causing fetal exsanguination. Interestingly, antenatal diagnosis confers a survival rate of up to 97%. **Case Description:** *Case 1:* 39-year-old, Gravida 4 Para 3 presented with antepartum haemorrhage at 28 weeks. Transvaginal sonography (TVS) shows placenta praevia with engorged vessels at the lower segment. Repeated scan at 34 weeks shows vasa praevia. She underwent an uneventful elective caesarean section at 35 weeks and a healthy baby was delivered. *Case 2:* 25-year-old primigravida presented in labour at term with spontaneous rupture of membrane. Examination revealed liquor stained with fresh blood. Cardiotocograph tracing showed variable decelerations. She underwent an emergency caesarean section, unfortunately baby was delivered fresh stillbirth. Placental morphology showed velamentous cord insertion with a ruptured vasa praevia. **Discussion:** Risk factors for vasa praevia include the presence of a low-lying placenta, velamentous cord insertion, bilobed or succenturiate lobed placenta, and multiple gestation. Targeted screening for women with risk factors by evaluating the placental cord insertion, TVS to evaluate the internal cervical os, and a colour doppler is generally recommended. Expectant management can be offered with caesarean section at 34-36 weeks. It is important to empower health care provider to be able to detect abnormal placentation as this is the key to screen for this condition.

A survey of acceptance of immediate in hospital postpartum COVID-19 vaccination among pregnant patients at a tertiary center in Kuala Lumpur

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ABSTRACT

Background: Vaccination is an effective way to curtail the burden of COVID-19 in which success depends on the availability and acceptance of the vaccine. As Malaysia battles through its third lockdown due to increasing number of COVID-19 infections in the community, the race to ramp up the vaccination process by the setting up of mega vaccination centers has led to concerns with regards to overcrowding and ease of access for the vulnerable groups such as the old and the pregnant. This study sought to assess the acceptance and the concerns with regards to immediate postpartum COVID-19 vaccination among pregnant patients. **Methods:** 110 women were surveyed face to face. The survey questions consisted of socio-demographic characteristics, source of information regarding COVID-19, vaccination history, acceptance of immediate COVID-19 vaccination and concerns were elicited. **Results:** Majority of the respondents were Malay (72%) between the age of 25-30 years old. Social media especially Facebook was the primary source of information regarding COVID-19. Among all the participants, 94% participants were willing to receive immediate postpartum COVID-19 vaccinations if recommended. Women without tertiary education were more likely to refuse vaccination. Most refusal or hesitancy were due to concerns about side effects and safety of the vaccine especially during breastfeeding. **Conclusions:** The results indicate that postpartum women are willing to accept immediate in hospital COVID-19 vaccination. This could also be expanded to the community especially at MCH level. Thus, the Malaysian government and other related agencies should use this opportunity to ramp up its vaccination strategy. However, it remains important to also address the concerns among hesitant individuals by building trust in vaccine safety and effectiveness through adequate information regarding the vaccine.